

COVID-19 PARENTAL ACKNOWLEDGMENT AND DISCLOSURE
FIRST UMC BOCA RATON - PARENT'S MORNING OUT
(Updated June 8,2021)

This should be read, and each statement initialed by EITHER parent or guardian. Signature by EITHER parent or the guardian is required.

1. _____ I understand that in order to attend the program my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated from the rest of the people in the program, in a supervised, secure area. I will be contacted, and my child MUST be picked up from the facility within 1 hour of being notified.

Symptoms include:

- Fever of 99.6 degrees Fahrenheit or higher
- Dry cough
- Shortness of breath
- Chills
- Loss of taste or smell
- Sore throat
- Muscle aches
- Any other symptom identified by the CDC as associated with COVID-19

While we understand that many of these symptoms can also be related to non-COVID-19 related issues, we must proceed with an abundance of caution during this public health emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. Your child will need to be symptom free without any medications for 72 hours before returning to the facility.

2. _____ ***I understand that First UMC Boca Raton's policy regarding mask wearing is as follows: Those who are fully vaccinated against Covid-19 (2 weeks following the second dose of Pfizer and Moderna or 2 weeks following the single dose of J&J) are invited to Not wear a mask if they are comfortable. Those who are not vaccinated are asked to continue wearing mask on the grounds and in the buildings of First UMC Boca Raton. Children attending PMO ARE NOT required to wear masks***
3. _____ I understand that my child will be required to wash their hands using CDC recommended hand washing procedures (this does to apply to infants) throughout the day using running water and rubbing with soap for at least 20 seconds.
4. _____ I understand that I must sanitize my child's school items such as sippy cups, bottles, diaper bag, etc. each day.
5. _____ ***I will immediately notify First UMC Boca Raton if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify MECE Administration if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether or not I have had direct contact with that person.***
7. _____ First UMC Boca Raton will continue to follow the guidelines of both the CDC and state and local officials to ensure the health and wellbeing of all staff and children who enter the facility. As changes happen, parents will be notified. First UMC Boca Raton will contact the Health Department if any staff member or student contracts COVID-19. ***I understand that the Parent's Morning Out Program will close for two weeks to allow time for isolation of all students and staff.*** First UMC Boca Raton reserves the right to change or suspend operating procedures in light of CDC, Health Department, DCF or other applicable agency guidance.
8. _____ I understand that while present in the facility each day my child will be in contact with children, families, and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that the members of

our family play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by First UMC Boca Raton will result in adverse action up to and including termination of my child's participation in this program.

Child's Name: _____

DOB: _____

Parent's Name: _____

Parent's Signature

Date: _____